Page 1 of 4

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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2017 MAY 23 AM 10: 19

TOWN AND CITY CLERK BRISTOL, CT

REGISTRATION TYPE 1. ELECTION DA	TE (mm/dd/yyyy)	2. MUNICIPALITY		
Initial □ Amendment		(If applicable)		
Initial □ Amendment /1/01/ &	2017	BRISTOL		
3. OFFICE OR POSITION SOUGHT		April 1	4. DISTRICT N	UMBER
CITY COUNCIL (If applicable)				
			18902	
5. PARTY AFFILIATION	Ellipse States			
☐ Republican ☐ Democratic	□ Other (Spec	ifs)		
6. CANDIDATE NAME				
First Name	MI	Last Name		Suffix
PETER	$ \mathcal{B} $	KELLEY		
7. CANDIDATE RESIDENCE ADDRESS		8. CANDIDATE MAILING ADDRESS	(If different)	
Street Address		Address		
44 SOUTHDOWN DI	P	44 SOUTH DOWN	DR	
City SOUTH DOWN DI	State Zip Code	City SOUTH DOWN	State	Zip Code
BRISTOL	CT 06010	BRISTOL	C7	06010
9. CANDIDATE TELEPHONE	10. CANDIDATE EN	IAIL ADDRESS	1	
(Include Area Code)				
860.989.0419	PETER BKELLE	Y forcity council@ amai	1.com	
11. DESIGNATION OF CAMPAIGN FUNDING				
(Check one)				
A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.				
Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.				
☐ B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.				
Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.				
Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.				
Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.				

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

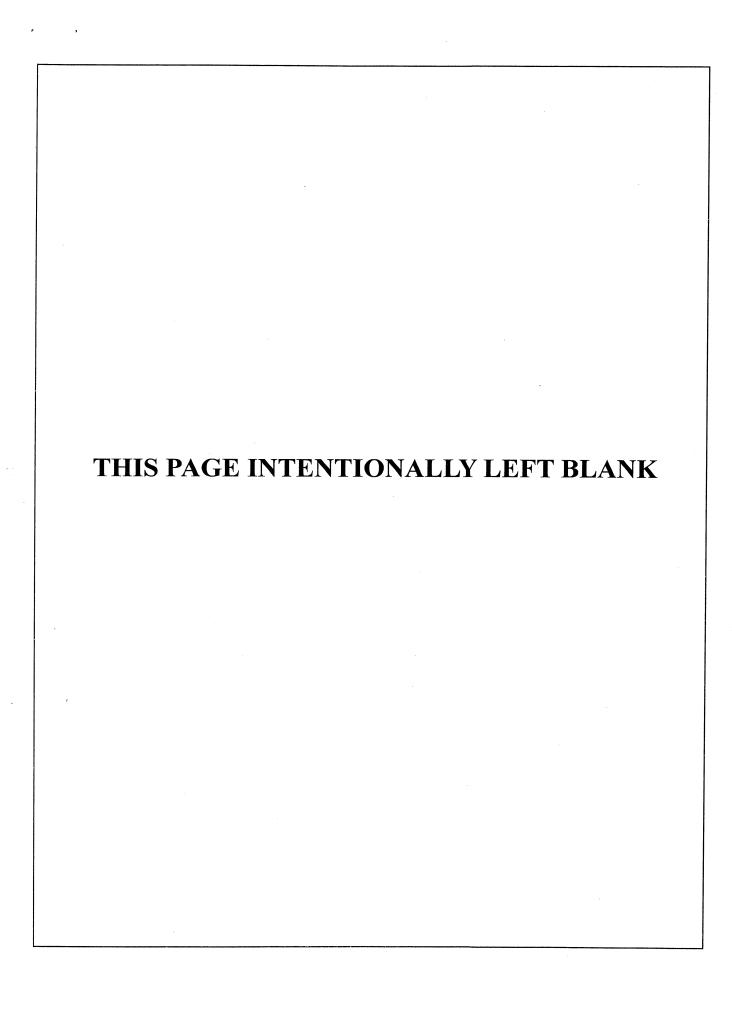
Candidate Committee Registration Statement

Revised September 2016



REGISTRATION TYPE CANDIDATE N.	AME				
☐ Initial ☐ Amendment PETER	\mathcal{B}	. KEL	LEY		
12. COMMITTEE NAME					
fol (1 00)	a	* 1	0.0.4		
13. COMMITTEE ADDRESS	Cou	ncel	2017 14. & 15. COMMITTEE EMAIL ADDRESS	e werer	
Address			Email Address	& WEBSITI	1
441 CRAPK AVE #	24	/	Sandras toffacella CI	nncnca	4 apt
City CLARK AVE #			Sandra Stafford (a) Cu Website	MILLE ST	,,,,,,
BRISTOL	CT	06010			
16. TREASURER NAME					
First Name		МІ	Last Name		Suffix
SANDRA		<u>e</u>	STAFFORD		
17. TREASURER RESIDENCE ADDRESS Street Address			18. TREASURER MAILING ADDRESS (If de	ifferent)	
	-011		Address		
441 CLARK AVE #		Г	991 CLARK AVE =	#24	
BRISTOL	State	Zip Code		l	Zip Code
BRISTOL	CT	06010	BRISTOL	CT	06010
19. TREASURER TELEPHONE (Include Area Code)	20. TRE	ASURER EM	AIL ADDRESS		
860. 583.7481	sand	drasta	fford o comcast.ne	<i>†</i>	i
21. DEPUTY TREASURER NAME					
First Name		MI .	Last Name		Suffix
22. DEPUTY TREASURER RESIDENCE ADDR Street Address	ESS		23. DEPUTY TREASURER MAILING ADD	RESS (If differe	nt)
Street Address			Address		
Cir.	C4-4-	7: C1-		Tax	Ta. a .
City	State	Zip Code	City	State	Zip Code
		.			
24. DEPUTY TREASURER TELEPHONE (Include Area Code)	25. DEP	UTY TREASU	RER EMAIL ADDRESS		
(Include Area Code)					
26. DEPOSITORY INSTITUTION NAME					
AND OBLIGHT INSTITUTION NAME					
WEBSTER BANK					
27. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code
150 MAINST			BRISTOL	07	06010

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REGISTRATION TYPE	CANDIDATE NAME
☑ Initial ☐ Amendment	
28. CERTIFICATION	
committee registration this statement include	ate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that is my certification to the fact that any individual designated herein to serve as my treasurer we indicated to me their acceptance of my appointment of them to those positions. OSTICAL DATE (mm/dd/yyyy)
Treasurer	
candidate to serve as t elector in the State of requirements as contain	ate, under penalties of false statement, that I have accepted my appointment by the he candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ned in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures.
I certify that I have pa	id any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) for under Title 9 of the Go	t been convicted of or pled guilty or nolo contendere to, in a court of competent elony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or of any sentence, whichever date is later, without a subsequent conviction of or plea to offense.
I certify that I am not of Commission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement
TREASURER SIGNATURE	91A 5/2017 DATE (mm/d/yyyy)
Deputy Treasurer	
candidate to serve as the and accept that, in the automatically become that I am an elector in disclosure requirements	ate, under penalties of false statement, that I have accepted my appointment by the he candidate's designated deputy treasurer of this candidate committee, and I understand event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall responsible for discharging all of the duties required of the vacating treasurer. I certify the State of Connecticut. I intend to comply with all the campaign finance registration and ts as contained in Chapter 155 through 157 of the General Statutes, and to abide by any as or restrictions concerning campaign contributions and expenditures.
I certify that I have part	id any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) for under Title 9 of the Go	t been convicted of or pled guilty or nolo contendere to, in a court of competent clony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense cheral Statues, or that at least eight years have elapsed from the date of the conviction or of any sentence, whichever date is later, without a subsequent conviction of or plea to offense.
I certify that I am not a Enforcement Commiss	otherwise barred from serving as a deputy treasurer by order of the State Elections sion.
DEPUTY TREASURER SIGNATION	JRE DATE (mm/dd/yyyy)



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION
Certification of Exemption From Forming
a Candidate Committee



Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME				
☐ Initial ☐ Amendment					
12. REASON FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE				
I hereby certify that I am exempt from forming a candidate complittee because: (CHECK ONE)					
political committee	late of candidates whose campaigns are being funded solely by a town committee or a formed for a single election or primary and expenditures made on my behalf will be mittee sponsoring my candidacy. The name of this sponsoring committee is:				
	OR V				
contributions from thousand dollars (\$1	ny campaign entirely from my own personal funds and will not request or receive other individuals or committees and Lunderstand that if I make expenditures exceeding one 1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) me schedule and in the same manner as required of treasurers of candidate committees.				
	OR				
C. I do not intend	to receive or expend funds in excess of one thousand dollars (\$1,000). OR				
☐ D. I do not intend	to receive or expend any funds, including personal funds, for this campaign.				
13. CERTIFICATION					
	state, under penalties of false statement, that this statement of exemption from forming a see, for the reason checked above, is true, accurate and complete to the best of my ef.				
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)				